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| <input type="checkbox"/> Response to Office Action<br>(with Claim Amendments) | <input type="checkbox"/> Petition for Extension of Time |
| <input type="checkbox"/> Information Disclosure Statement                     | <input type="checkbox"/> Terminal Disclaimer            |
| <input checked="" type="checkbox"/> Preliminary Amendment                     | <input type="checkbox"/> Letter to Draftsperson         |
| <input type="checkbox"/> Substitute Specification                             | <input type="checkbox"/> Assignment                     |
| <input type="checkbox"/> Other _____                                          | <input type="checkbox"/> Petition under _____           |
|                                                                               | <input type="checkbox"/> Small entity status            |

- ☐ Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ **84.00** to cover the fee for one additional independent claim is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



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**January 23, 2002**

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